MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/089594

FILING DATE

APPLICANT(S)

CLAIMS

	As Filed		After 1st AMENDMENT		After 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5								55						
6		1						56						
7		1						57						
8		1						58						
9								59						
10								60						
11		1						61						
12		1						62						
13		1						63						
14								64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48		1						98						
49								99						
50								100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	35							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						